

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: S.P. FOOD, INC. D/B/A BURGER KING 8847 + 11633
BUSINESS STREET ADDRESS: 14100 SW 33CT ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954 916 9298
DESCRIBE TYPE OF BUSINESS: RESTAURANT OFFICE
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>KURT SCHUBERT</u>	<u>As Above</u>		
2. _____			

Federal ID Number or Social Security Number 45-14-1

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2005, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Print Owner or Officers Name and Title		Signature of Owner or Officer	
Office Use Only: Date <u>12/10/04</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>121.55</u> Rec# <u>14708</u> New <input checked="" type="checkbox"/> Trans <input checked="" type="checkbox"/>		_____	
License # <u>0520799</u>	Control # <u>16731</u>	Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Pat</u>	Date <u>12/15/04</u>	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION